### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For C	Other Than An A	uthorized Com	nmittee		Office Use Only	
NAME OF COMMITTEE (in ful		FEC MAILING LABEI YPE OR PRINT	Example:If over the lin	typing, type es			
		olitical Action Commit	tee				
					1 1 1 1 1		
ADDRESS (number and s	treet)	1 Constitution Ave., N	w 				
Check if differe than previously reported. (ACC	nt W	ite 700 ashington			DC	20001	
2. <b>FEC IDENTIFICATI</b>	ON NUMBER	₩	CITY A		STATE	ZIPCODE	≣ 🛕
C00147066	• • •	3.	IS THIS REPORT	NEW (N) <b>OR</b>	X AM	MENDED )	
July 15 Quarterly F October 15	rts:  Report(Q1)  Report(Q2)  Report(Q3)  Report(YE)  d-Year n-election (MY)	(c) 12-Day PRE-Election Report for the:  Election Report for the:	Primar Convertion on General	May 20 (M5)  Jun 20 (M6)  X Jul 20 (M7)  y (12P)  ntion (12C)  al (30G)	Sep	20 (M9) 20 (M10) (12G) in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
5. Covering Period	0 6	01 2006	thro	ough 06	30	2006	
Type or Print Name of Tr		and to the best of my r. Donald L. Walker	knowledge and beli	ef it is true, correct	and complete.		
Signature of Treasurer	Electronically I	Filed by Mr. Donald	L. Walker		Date 08	02	2006
NOTE : Submission of fa	lse, erroneous,	or incomplete informa	tion may subject the	e person signing th	nis Report to the	e penalties of 2 U.S.	C 437g.
Office Use						FEC FORM	

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

(b) Ca	sh on Hand January 1  Y2006	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(b) Ca			
` '			57647.24
БС	sh on Hand at gining of Reporting Period	56613.29	
(c) To	tal Receipts (from Line 19)	51067.72	204953.42
6(0	btotal (add lines 6(b) and c) for Column A and Lines a) and 6(c) for Column B)	107681.01	262600.66
Total Di	sbursements (from Line 31)	37500.00	192419.65
Reportir	n Hand at Close of ng Period bt Line 7 from Line 6(d))	70181.01	70181.01
the com	nd Obligations owed TO mittee (Itemize all on le C and/or Schedule D)	0.00	
the com	nd Obligations owed <b>BY</b> mittee (Itemize all on le C and/or Schedule D)	0.00	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

0 1 3<sup>D</sup>0 м м 0 6 м м 0 6 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 12867.88 41479.41 (i) Itemized (use Schedule A) .......... 1199.84 21474.01 (ii) Unitemized ..... (iii) TOTAL (add 14067.72 62953.42 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 37000.00 142000.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 51067.72 204953.42 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 51067.72 204953.42 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts 51067.72 204953.42 (subtract Line 18(c) from Line 19) .....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party	0.00	
23.	Committees	0.00	0.00
٠.	Federal Candidates/Committeesand Other Political Committees	37500.00	188712.73
4.	Independent Expenditure		
_	(use Schedule E)	0.00	0.00
Э.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
	(use Schedule F)		
26.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	211.02
	Than Political Committees	0.00	211.92
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	211.92
	(444 21100 20(4), (6), 414 (6),		
9.	Other Disbursements	0.00	3495.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(I) Federal Strate		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	37500.00	192419.65
2.	Total Federal Disbursements		
۷.	(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	from Line 31)	37500.00	192419.65

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	51067.72	204953.42
34.	Total Contribution Refunds (from Line 28(d))	0.00	211.92
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	51067.72	204741.50
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 6/34
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may same and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Council of Life Insurers Politic	cal Action C	Committee	
A.	Full Name (Last, First, Middle Initial) Mr Peter J Tucci			Date of Receipt
	Mailing Address 34 Brooks Bend			06 09 2006
	City	State	Zip Code	Transaction ID: 15135041
	New Hope	PA	18938-9245	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		270.00
	Name of Employer London Life Reinsurance Company	Occupation Board Me	n ember, Attorney	
	Receipt For:		Year-to-Date ▼	
	Primary General		270.00	1
	Other (specify)	0 0	270.00	
В.	Full Name (Last, First, Middle Initial) A Louis Denton			Date of Receipt
	Mailing Address 1826 Gravers Road			06 09 2006
	City	State	Zip Code	Transaction ID: 15135288
	Plymouth Meeting	PA	19462-2814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		270.00
	Name of Employer London Life Reinsurance	Occupation		
	Company	Board Me		
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		270.00	
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt
O.	Mr Jerry D Davis  Mailing Address P.O. Box 1486			Date of Receipt
				06 08 2006
	City	State	Zip Code	Transaction ID: 15135290
	Fort Worth	TX	76101-1486	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer National Farm Life Insura- nce	Occupation President	t & Chief Executive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	2000.00	1
	Other (specify)		2000.00	
s	UBTOTAL of Receipts This Page (optional)			2540.00
T.	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/34
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Council of Life Insurers Politica	al Action (	Committee	
۹.	Full Name (Last, First, Middle Initial) Ms. Joann Waiters			Date of Receipt
	Mailing Address 101 Constitution Ave, NV Suite 700			06 14 2006
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: 15368806
	FEC ID number of contributing		20001-2133	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer American Council of Life Insurance	Occupation Counsel	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. William G. Tull			Date of Receipt
	Mailing Address 11311 South Glen Road	06 20 7 2006		
	City	State	Zip Code	Transaction ID: 15568416
	Potomac	MD	20854-1849	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		270.00
	Name of Employer London Life Reinsurance	Occupation		
	Company Receipt For:	Board Me	ember • Year-to-Date ▼	_
	Primary General	Aggregate		1
	Other (specify) ▼		270.00	
<b>D.</b>	Full Name (Last, First, Middle Initial) Mr. John H. Jacobs			Date of Receipt
	Mailing Address 7431 Wetherington Drive	ı		06 21 2006
	City	State	Zip Code	Transaction ID: 15577025
	West Chester	OH	45069-4663	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer UNIFI Companies	Occupation Vice Cha	n irman, President & COO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
s	JBTOTAL of Receipts This Page (optional)			1520.00
_			·	
T	OTAL This Period (last page this line number onl	y)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGI (check only one)  X 11a 11b 11c 11c 15	12 16  17
Ar or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting cont solicit contributions from such cor	ributions nmittee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Political A	Action C	Committee		
Α.	Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Union Central Life Insura-	ccupation		Date of Receipt  M M M / D D D / Y  O 6 2 1  Transaction ID: 15577028  Amount of Each Receipt this	
	nce Company,		& Chief Operating Officer  Year-to-Date ▼  1000.00		
3.	Full Name (Last, First, Middle Initial) Mr. Lawrence J. Arth Mailing Address 1301 Evergreen Drive  City	State	Zip Code	Date of Receipt    M   M   / D   D   / Y	<sup>Y</sup> 2 0 0 6
	-	<u>VE</u>	68510-4138	Amount of Each Receipt this	
	UNIFI Companies Ch		n of the Board, President & C Year-to-Date ▼		
<b>D.</b>	Full Name (Last, First, Middle Initial) Ms. JoAnn M. Martin Mailing Address 6221 Andrew Court			Date of Receipt	Y Y Y Y 2 0 0 6
	•	State VE	Zip Code 68512-1904	Transaction ID: 15577032  Amount of Each Receipt this	2
	FEC ID number of contributing federal political committee.		00012-1304	Amount or Each Necept this	1000.00
	Ameritas Lifé Insurance Corp. Pro		& Chief Executive Officer Year-to-Date ▼ 1000.00		
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>		3000.00
Т	OTAL This Period (last page this line number only)				

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 9/34		
	EMIZED RECEIPTS		or each category of the	(check only one)		
•••	LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b	11c   12	
_				13 14	15 16 17	
or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any person Iress of any political committee to s	for the purpose of solicit	ing contributions such committee.	
	NAME OF COMMITTEE (In Full)					
$  \rangle$	American Council of Life Insurers Politica					
	7 interiori Courton of Ene mourere for entire	2171011011				
_	Full Name (Last, First, Middle Initial)					
Α.	Mr. Haluk Ariturk			Date of Receipt		
	Mailing Address 7148 Loch Lomond Drive	)		06 21	2006	
	City	State	Zip Code	Transaction ID: 15		
	Bethesda	MD	20817-4760	Amount of Each Red		
			20017 4700	Amount of Lacri Het	<del></del>	
	FEC ID number of contributing federal political committee.	C			1000.00	
	Name of Employer Acacia Life Insurance Com-	Occupation	1			
	Acacia Life Insúrance Company	President	& Chief Executive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1	1000.00			
	☐ Other (specify) ▼		1000.00			
B.	Full Name (Last, First, Middle Initial) Charles F. McAleer, III			Date of Receipt		
	Mailing Address 1200 Jorie Blvd			M M / D D	/ <b>Y                                   </b>	
			06 29	2006		
	City State		Zip Code	Transaction ID: 15760601		
	Oak Brook	IL	60523-2218	Amount of Each Red	ceipt this Period	
	FEC ID number of contributing	C			250.00	
	federal political committee.					
	Name of Employer Mutual Trust Life Insuran-	Occupation	1	_		
	Mutual I rust Life Insuran- ce Company	Senior Vi	ce President, Chief Marketing	ı		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify)		250.00			
	Full Name (Last, First, Middle Initial)					
C.	Mr. Ross L. Sargent			Date of Receipt		
	Mailing Address 101 Constitution Ave, NV	V		M M / D D	/ <b>Y Y Y Y</b>	
	Suite 700					
	City	State	Zip Code	Transaction ID: PR		
	Washington	DC	20001-2133	Amount of Each Red	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			83.34	
	Tederal political committee.					
	Name of Employer American Council of Life	Occupation				
	Insurers	Senior Co				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	' '	488.50	P/R Deduction (\$4 i-Monthly)	1.67 Sem-	
	Other (Specify)		0 0 0 0 0 0 0	1 Working)		
Г	<u>_</u>					
s	UBTOTAL of Receipts This Page (optional)				1333.34	
H			<u></u>			
T	OTAL This Period (last page this line number onl					

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 10 / 34
	-		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Council of Life Insurers Politic	al Action (	Committee	
۹.	Full Name (Last, First, Middle Initial) Mr. Donald L. Walker			Date of Receipt
	Mailing Address 101 Constitution Ave, NV Suite 700	V		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR115642716825
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life	Occupation CFO	1	
	Insurers Receipt For:		Year-to-Date ▼	-
	Primary General	, iggi ogaic		P/R Deduction (\$50.00 Sem-
	Other (specify) ▼	0 0	450.00	i-Monthly)
3.	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR77135826825
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		260.00
	Name of Employer American Council of Life	Occupation	n e Vice Pres & General Couns	
	Insurers Receipt For:		Year-to-Date V	
	Primary General	199.19		P/R Deduction (\$130.00 Se-
	Other (specify) ▼	0 0	1560.00	mi-Monthly)
<del>.</del>	Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77136246825
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life	Occupation	1	1
	American Council of Life Insurers	Managing	g Dir., Conference Developm	e <mark>h</mark> t
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		600.00	P/R Deduction (\$50.00 Sem-
	Other (specify) ▼	0 0		i-Monthly)
SI	UBTOTAL of Receipts This Page (optional)		·····	460.00
т	OTAL This Period (last page this line number on	ly)	<b></b>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 34 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persor dress of any political committee to s	for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Political	al Action (	Committee	
Full Name (Last, First, Middle Initial)  Mr. Michael J. Bartholomew  Mailing Address 101 Constitution Avenue, NW		, NW		Date of Receipt
	Suite 700 West		Zin Codo	
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR77136286825  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life Insurers Receipt For:  Primary  General  Other (specify) ▼	Occupation Senior Co Aggregate		P/R Deduction (\$50.00 Sem- i-Monthly)
Full Name (Last, First, Middle Initial)  Mr. John F. Dolan  Mailing Address 101 Constitution Ave, NW		V		Date of Receipt
	Suite 700 West			PD77400540005
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR77136546825  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20001-2133	40.00
	Name of Employer American Council of Life Insurers		g Director, Media Relations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	P/R Deduction (\$20.00 Sem- i-Monthly)
 C.	Full Name (Last, First, Middle Initial) Ms. Barbara A. Price			Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West		, NW		M M / D D / Y Y Y Y
	City	State DC	Zip Code	Transaction ID: PR77136906825
	Washington  FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 40.00
	Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)		n slative & Regulatory Informati e Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Sem- i-Monthly)
s	UBTOTAL of Receipts This Page (optional)			180.00
т.	OTAL This Period (last page this line number on	lv)	<b>•</b>	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 12/34
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Council of Life Insurers Politic	al Action (	Committee	
۹.	Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77137326825
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		224.28
	Name of Employer American Council of Life Insurers	Occupation Senior Vi	n ice President, State Relations	
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼		1345.67	P/R Deduction (\$112.14 Semi-Monthly)
3.	Full Name (Last, First, Middle Initial) Ms. Shawn Hausman			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR77137356825
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.16
	Name of Employer American Council of Life Insurers	Occupation Sr. Vice I	n President, Public Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		246.97	P/R Deduction (\$20.58 Sem- i-Monthly)
).	Full Name (Last, First, Middle Initial) Mr. David M. Leifer			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77137406825
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		102.92
	Name of Employer American Council of Life Insurers	Occupation Senior Co		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		584.17	P/R Deduction (\$51.46 Sem- i-Monthly)
s	UBTOTAL of Receipts This Page (optional)			368.36
_	OTAL This Deviced (less name this line number or	d. A		
- 1	OTAL This Period (last page this line number or	ıı <i>y)</i>		

SCHEDULE A (FEC Form 3X)  Use separate schedule(s)			FOR LINE NUMBER: PAGE 13/34	
	EMIZED RECEIPTS		or each category of the	(check only one)
	EIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persor dress of any political committee to s	of the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Council of Life Insurers Politic	al Action (	Committee	
_	Full Name (Last, First, Middle Initial)			
۹.	Mr. David R. Wentworth  Mailing Address 101 Constitution Avenue	NIVA/		Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, INVV		M M / D D / Y Y Y Y
		State	Zip Code	Transaction ID: PR77137606825
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Council of Life	Occupation	n	†
	American Council of Life Insurers	Vice Pres	sident, Research	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$30.00 Sem- i-Monthly)
 3.	Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77137686825
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.00
	Name of Employer American Council of Life	Occupation		7
	Insurers		Vice President	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		246.00	P/R Deduction (\$20.50 Sem- i-Monthly)
— Э.	Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS			Date of Receipt
	Mailing Address 101 Constitution Ave, NV Suite 700	V		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77137716825
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer	Occupation	n	1
	American Council of Life Insurers		Vice President, State Relation	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1200.00	P/R Deduction (\$100.00 Semi-Monthly)
s	UBTOTAL of Receipts This Page (optional)		<b>•</b>	301.00
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- 1	OTAL This Period (last page this line number on	ıy)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14/34
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any person dress of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Council of Life Insurers Politic	al Action (	Committee	
۹.	Full Name (Last, First, Middle Initial) Ms. Linda L. Lanam			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77137736825
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer American Council of Life Insurers	Occupation Vice Pres	n Sident, Annuities	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$25.00 Sem- i-Monthly)
3.	Full Name (Last, First, Middle Initial) Mr. Donald G. Preston Jr.			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77138646825
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		144.80
	Name of Employer American Council of Life	Occupation		
	Insurers	`	g Director, Reinsurance • Year-to-Date ▼	
	Receipt For: Primary General	Aggregate	r rear-to-Date ▼	D/D Doduction (\$70.40 Som
	Other (specify)	0 0	868.79	P/R Deduction (\$72.40 Sem- i-Monthly)
<b>D.</b>	Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77139516825
	Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer American Council of Life Coccupation				313.54
Insurers			Vice President, Federal Rela	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1881.24	P/R Deduction (\$156.77 Se- mi-Monthly)
s	UBTOTAL of Receipts This Page (optional)			508.34
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T	OTAL This Period (last page this line number or	ıly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 34 (check only one)							
ΙT	EMIZED RECEIPTS		or each category of the	(Check only one)  X 11a 11b 11c 12							
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$							
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.							
$\overline{}$	NAME OF COMMITTEE (In Full)										
$\rangle$	American Council of Life Insurers Politic										
۹.	Full Name (Last, First, Middle Initial) Mr. John Pearson			Date of Receipt							
	Mailing Address 10075 Red Run Bouleva	rd		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR77140266825							
	Owings Mills	MD	21117-4865	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		150.00							
	Name of Employer Baltimore Life Insurance Company	Occupation Presiden									
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General Other (specify) ▼		350.00	P/R Deduction (\$50.00 Bi- Weekly)							
3.	Full Name (Last, First, Middle Initial) Mr. Mark Canter			Date of Receipt							
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR77141006825							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		38.58							
	Name of Employer American Council of Life Insurers	Occupation Senior C	n ounsel, Federal Taxes								
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General Other (specify) ▼	0 0	231.49	P/R Deduction (\$19.29 Sem- i-Monthly)							
).	Full Name (Last, First, Middle Initial) Mr. Morris Goff			Date of Receipt							
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR77141936825							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		76.08							
				7							
			sident, Taxes e Year-to-Date ▼	_							
				P/R Deduction (\$38.04 Sem-							
	Other (specify) ▼	0 0	456.49	i-Monthly)							
s	UBTOTAL of Receipts This Page (optional)			264.66							
Ţ.	OTAL This Period (last page this line number or	nlv)									
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16/34							
	-		Use separate schedule(s) or each category of the	(check only one)							
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12							
				13 14 15 16 17							
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.							
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
$\rangle$	American Council of Life Insurers Politic	al Action (	Committee								
۹.	Full Name (Last, First, Middle Initial) Frank Keating			Date of Receipt							
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR77141976825							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		416.66							
	Name of Employer American Council of Life Insurers	Occupation President									
	Receipt For:	L	e Year-to-Date ▼								
	Primary General		0400.00	P/R Deduction (\$208.33 Se-							
	Other (specify)		2499.96	mi-Monthly)							
3.	Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter			Date of Receipt							
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR77141986825							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		416.66							
	Name of Employer American Council of Life	Occupation									
	Insurers		e Vice President & COO	_							
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D - duration (\$000.00 C)							
	Other (specify)		2499.96	P/R Deduction (\$208.33 Semi-Monthly)							
<del></del>	Full Name (Last, First, Middle Initial) Brenda Nation			Date of Receipt							
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M " M / D " D / Y " Y " Y " Y							
	City	State	Zip Code	Transaction ID: PR77141996825							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		100.00							
Name of Employer American Council of Life			n	7							
Insurers		Senior Co									
	Receipt For:	Aggregate	e Year-to-Date ▼								
Primary General			600.00	P/R Deduction (\$50.00 Sem- i-Monthly)							
	Other (specify) ▼	0 0		i-wonting)							
SI	UBTOTAL of Receipts This Page (optional)		·····	933.32							
т	TOTAL This Period (last page this line number only)										

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17/34							
		Use separate schedule(s) or each category of the	(check only one)							
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12							
		,	13 14 15 16 17							
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
American Council of Life Insurers Politic	cal Action (	Committee								
Full Name (Last, First, Middle Initial)  Mr. Daniel J. Mahoney			Date of Receipt							
Mailing Address 101 Constitution Avenue Suite 700 West	e, NW		M M / D D / Y Y Y Y							
City	State	Zip Code	Transaction ID: PR77142096825							
Washington	DC	20001-2133	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		111.50							
Name of Employer American Council of Life Insurers	Occupation Vice Pres	n sident, Communications								
Receipt For:		e Year-to-Date ▼								
Primary General Other (specify) ▼	1 1	669.00	P/R Deduction (\$55.75 Sem- i-Monthly)							
Full Name (Last, First, Middle Initial)  3. Ms. Debra K. West			Date of Receipt							
Mailing Address 101 Constitution Avenue Suite 700 West	e, NW		M M / D D / Y Y Y Y							
City	State	Zip Code	Transaction ID: PR77142106825							
Washington	DC	20001-2133	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		100.00							
Name of Employer American Council of Life Insurers	Occupation Senior C	n ounsel & Director, Southern I	Re							
Receipt For:	Aggregate	e Year-to-Date ▼								
Primary General Other (specify) ▼		600.00	P/R Deduction (\$50.00 Sem- i-Monthly)							
Full Name (Last, First, Middle Initial)  C. Ms. Lisa Tate			Date of Receipt							
Mailing Address 101 Constitution Avenue Suite 700	e, NW		M " M / D " D / Y " Y " Y " Y							
City	State	Zip Code	Transaction ID: PR77142326825							
Washington	DC	20001-2133	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		80.00							
Name of Employer American Council of Life Insurers	Occupation Senior C	ounsel								
Receipt For:	Aggregate	e Year-to-Date ▼								
Primary General Other (specify) ▼		280.00	P/R Deduction (\$40.00 Sem- i-Monthly)							
SUBTOTAL of Receipts This Page (optional)			291.50							
TOTAL This Period (last page this line number o										

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18/34							
			Use separate schedule(s) or each category of the	(check only one)							
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12							
				13 14 15 16 17							
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.							
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
$\rangle$	American Council of Life Insurers Politic	al Action (	Committee								
۹.	Full Name (Last, First, Middle Initial) Mr. John P. Gerni			Date of Receipt							
	Mailing Address 101 Constitution Ave, NV Suite 700	W		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR77142876825							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		100.00							
	Name of Employer American Council of Life Insurers	Occupation Senior Le	n egislative Director								
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General Other (specify) ▼		600.00	P/R Deduction (\$50.00 Sem- i-Monthly)							
3.	Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott			Date of Receipt							
	Mailing Address 101 Constitution Ave, N Suite 700 West	W		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR77142886825							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		112.50							
	Name of Employer American Council of Life Insurers	Occupation Senior Vi	n ice President, Federal Relatio								
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General Other (specify) ▼		675.00	P/R Deduction (\$56.25 Sem- i-Monthly)							
 C.	Full Name (Last, First, Middle Initial) David C. Turner			Date of Receipt							
	Mailing Address 101 Constitution Ave, N Suite 700	W		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR77142896825							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
Receipt For: Aggregate Yea				162.50							
			n President and Corp Sec.								
			e Year-to-Date ▼								
	Primary General Other (specify) ▼		931.65	P/R Deduction (\$81.25 Sem- i-Monthly)							
s	UBTOTAL of Receipts This Page (optional)			375.00							
т.	OTAL This Period (last page this line number or	nlv)									
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/34					
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			Detailed Summary Page	X   11a   11b   11c   12   17   13   14   15   16   17   17   17   17   17   17   17					
Any ii	nformation copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions					
	commercial purposes, other than using the na	me and add	iress of any political committee to	solicit contributions from such committee.					
1	AME OF COMMITTEE (In Full)	al A <i>a</i> tta - C	Sammittaa						
/ <sup>A</sup>	merican Council of Life Insurers Politica	ai Action (	ommittee						
	ull Name (Last, First, Middle Initial)			Data of Bassint					
_	s. Susan Harvey ailing Address 101 Constitution Ave, NV	V		Date of Receipt					
	Suite 700 West	v							
Ci		State	Zip Code	Transaction ID: PR77143526825					
<u> </u>	/ashington	DC	20001-2133	Amount of Each Receipt this Period					
	EC ID number of contributing deral political committee.	C		40.00					
Ņa	ame of Employer merican Council of Life	Occupation	1	7					
<u>In</u>	surers	Director,							
Re	eceipt For:	Aggregate	Year-to-Date ▼						
-	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Sem- i-Monthly)					
L			0 0 0 0 0 0 0	7					
_	ıll Name (Last, First, Middle Initial) ane R. Dent			Date of Receipt					
Mailing Address 101 Constitution Ave, NW Suite 700  City State				M M / D D / Y Y Y Y					
			Zip Code	Transaction ID: PR77144436825					
<u> </u>	/ashington	DC	20001-2133	Amount of Each Receipt this Period					
	EC ID number of contributing deral political committee.	C		45.30					
Νa	ame of Employer merican Council of Life	Occupation		7					
<u>In</u>	surers		sident, Federal Relations						
Ke	eceipt For:  Primary  General	Aggregate	Year-to-Date ▼	D/D Doduction (\$22.65 Com					
	Other (specify) ▼		271.79	P/R Deduction (\$22.65 Sem- i-Monthly)					
	ull Name (Last, First, Middle Initial) Scott Dixon			Date of Receipt					
_	ailing Address 101 Constitution Avenue Suite 700 West	NW		M M / D D / Y Y Y Y					
Ci		State	Zip Code	Transaction ID: PR77144496825					
<u>W</u>	/ashington	DC	20001-2133	Amount of Each Receipt this Period					
	EC ID number of contributing deral political committee.	С		40.00					
Name of Employer American Council of Life				7					
<u>In</u>	surers	Controlle		-					
Re	eceipt For: Primary General	Aggregate	Year-to-Date ▼	D/D D - dusting (000 00 0					
	Other (specify)		240.00	P/R Deduction (\$20.00 Sem- i-Monthly)					
			0 0 0 0 0 0						
SUB	STOTAL of Receipts This Page (optional)			125.30					
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TOT	AL This Period (last page this line number onl	y)	<b>&gt;</b>						

S	CHEDULE A (FEC Form 3X)		l la a agravata a abadula(a)	FOR LINE NUMBER: PAGE 20 / 34							
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)							
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				13 14 15 16 17							
An or	y information copied from such Reports and State for commercial purposes, other than using the national state of the state	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.							
$\overline{}$	NAME OF COMMITTEE (In Full)										
$\rangle$	American Council of Life Insurers Politic	al Action (	Committee								
۹.	Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio			Date of Receipt							
	Mailing Address 101 Constitution Avenue Suite 700	• NW		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR77144966825							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		50.00							
	Name of Employer American Council of Life Insurers	Occupation Senior Vi	n ce President								
	Receipt For:		e Year-to-Date ▼								
	Primary General Other (specify) ▼	1 1	300.00	P/R Deduction (\$25.00 Sem- i-Monthly)							
3.	Full Name (Last, First, Middle Initial) Mr. Gregory F. Jenner			Date of Receipt							
	Mailing Address 101 Constitution Avenue Suite 700	Nw		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR77525896825							
	Washington	DC	20080-0001	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		435.72							
	Name of Employer American Council of Life	Occupation	n e Vice President. Taxes								
	Insurers Receipt For:		Year-to-Date ▼	-							
	Primary General	199.29		P/R Deduction (\$217.86 Se-							
	Other (specify) ▼	0 0	2385.72	mi-Monthly)							
Э.	Full Name (Last, First, Middle Initial) Mr. Maurice Perkins			Date of Receipt							
	Mailing Address 101 Constitution Ave, NV Suite 700	W		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR80514916825							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		131.34							
Name of Employer American Council of Life				7							
	Insurers		sident, Financial Services								
	Receipt For:	Aggregate	e Year-to-Date ▼								
Primary General Other (specify) ▼				P/R Deduction (\$65.67 Sem- i-Monthly)							
s	UBTOTAL of Receipts This Page (optional)			617.06							
			<u> </u>								
T	OTAL This Period (last page this line number or	nly)									

### **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 21/34 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) A. Mr. Wayne Mehlman Date of Receipt Mailing Address 101 Constitution Avenue, NW M M / D D Suite 700 City State Zip Code Transaction ID: PR90481956825 Washington DC 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer American Council of Life Occupation Counsel, Insurance Regulation Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Semi-Monthly) 300.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	50.00
TOTAL This Period (last page this line number only)	<b>•</b>	12867.88

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 34 (check only one)						
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17						
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.						
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	al Action (	Committee							
۹.	Full Name (Last, First, Middle Initial) Thrivent Financial PAC			Date of Receipt						
	Mailing Address P.O. Box 1892	State	Zip Code	06 09 2006						
	Appleton	WI	54912	Transaction ID: 15135289  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C COO	0121319	5000.00						
	Name of Employer	Occupation	n							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00							
3.	Full Name (Last, First, Middle Initial) Massachusetts Mutual Life Ins. Co PAC			Date of Receipt						
	Mailing Address 1295 State Street			06 / 09 / 2006						
	City Springfield	State MA	Zip Code 01111	Transaction ID: 15142174  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		0118943	5000.00						
	Name of Employer	Occupation	n							
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00							
 ).	Full Name (Last, First, Middle Initial) Assurant Inc. Political Action Committee			Date of Receipt						
	Mailing Address P.O. Box 3050			0 6 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City Milwaukee	State WI	Zip Code 53201	Transaction ID: 15358212  Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		0185694	5000.00						
	Name of Employer Occupation									
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  5000.00										
s	UBTOTAL of Receipts This Page (optional)			15000.00						
T	OTAL This Period (last page this line number only	y)								

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 34 (check only one)							
IT	EMIZED RECEIPTS		or each category of the	(check only one)							
			Detailed Summary Page	13 14 15 16 17							
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.							
<u> </u>	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,								
$\rangle$	American Council of Life Insurers Politica	al Action (	Committee								
۹.	Full Name (Last, First, Middle Initial) PrinPAC			Date of Receipt							
	Mailing Address 711 High Street			06 16 2006							
	City  Des Moines	State IA	Zip Code 50392	Transaction ID: 15373360							
	FEC ID number of contributing			Amount of Each Receipt this Period							
	federal political committee.		0128918	5000.00							
	Name of Employer	Occupation	n								
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General Other (specify) ▼		5000.00								
_	Full Name (Last, First, Middle Initial)			Date of Descipt							
э.	Amica FED-PAC  Mailing Address P.O. Box 6008			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y							
	City	State	Zip Code	Transaction ID: 15568412							
	Providence	RI	02940	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0268987	3000.00							
	Name of Employer	Occupation	n								
	Receipt For:	Aggregate	e Year-to-Date ▼								
	Primary General Other (specify) ▼	0 0	3000.00								
 C.	Full Name (Last, First, Middle Initial) Ameritas Financial PAC			Date of Receipt							
	Mailing Address P.O. Box 81889			0 6 2 1 2 0 0 6							
	City	State	Zip Code	Transaction ID: 15577023							
	Lincoln	NE	68501	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0187138	2500.00							
	Name of Employer Occupation										
			e Year-to-Date ▼								
Primary General Other (specify) ▼  25											
s	UBTOTAL of Receipts This Page (optional)			10500.00							
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T	OTAL This Period (last page this line number only	y)	<b>&gt;</b>								

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 34 (check only one)  11a 11b X 11c 12 13 14 15 16 17
Any or fo	information copied from such Reports and Stator commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)  American Council of Life Insurers Politic	al Action (	Committee	
F F 3.	Full Name (Last, First, Middle Initial)  Jnion Central Life PAC  Mailing Address 1876 Waycross Road  City  Cincinnati  FEC ID number of contributing ederal political committee.  Name of Employer  Receipt For:  Primary General  Other (specify)   Full Name (Last, First, Middle Initial)  Trustmark Ins. Co. PAC	Date of Receipt  M M Z 1 Z 0 0 6  Transaction ID: 15577024  Amount of Each Receipt this Period  2500.00  Date of Receipt		
	Mailing Address Trustmark Insurance Co 400 Field Drive  City  _ake Forest  FEC ID number of contributing ederal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)	State IL C COO	Zip Code 60045 0156166 n • Year-to-Date ▼ 4000.00	M M Z 2 Z Z Z D 0 6  Transaction ID: 15656277  Amount of Each Receipt this Period  4000.00
C. C. N. C. F. F. F. N. C. N. C. F. F. N. C. N.	Full Name (Last, First, Middle Initial) Genworth Financial Inc. PAC Mailing Address 6620 W. Broad Street  City Richmond FEC ID number of contributing ederal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	Occupation	Zip Code 23230 0404194 n • Year-to-Date ▼	Date of Receipt  M M M / 29 / 2006  Transaction ID: 15760599  Amount of Each Receipt this Period  5000.00
SU	BTOTAL of Receipts This Page (optional)	11500.00		
TO	TAL This Period (last page this line number or	lv)	<b>&gt;</b>	37000.00

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or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and address of any political co	اللللل	<del></del>	SOIIGIL CON	ııııDUl	10115 110	JIII SUCII	COITIN	iiill <del>ee</del>		
American Council of Life Insurers Political	Action Committee										
Full Name (Last, First, Middle Initial)				Trar	sact	ion ID:	153365	539			
21st Century PAC		Date of Disbursement									
Mailing Address 2052 Lake Audubon Cou	rt			0 6	8 <sup>M</sup>	1	<sup>D</sup> /	2	0 Ď 6		
City Reston	State Zip Code VA 20191			Amo	ount c	f Each	Disburs	emen	t this P	eriod	
Purpose of Disbursement	VA 20191		_	- [					500.0	0	1
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Candidate Name		Cate Ty									
Office Sought: House Disburse Senate	ment For:    Primary   General   Gen										
President	Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial)							153534	121			
Dave Camp for Congress						Date of Disbursement					
Mailing Address P.O. Box 423				O 6		1 1	3 /	ž	0 0 6	<u> </u>	
City Midland	State Zip Code MI 48640			Amo	ount c	of Each	Disburs				1
Purpose of Disbursement	I	01	1					. 1	0.000	0	
Candidate Name Dave Camp											
Senate X President	ment For: 2006 Primary General Other (specify)										
State: MI District: 4											_
Full Name (Last, First, Middle Initial)  Ben Cardin for Senate					of D	isburse				_	
Mailing Address 38 Ivy Street, SE				OME	5 <sup>M</sup>	/ <b>1</b>	<sup>D</sup> /	ž	0 Ď 6	Y	
City Washington	State Zip Code DC 20003			Amo	ount c	of Each	Disburs	emen	t this P	eriod	_
Purpose of Disbursement	20000	v		† L				3	8000.0	0	
Candidate Name Mr. Benjamin Cardin		011 Category/ Type									
Office Sought:    House   Disburse       X Senate   President     State: MD District:	ment For: 2006 Primary X General Other (specify)										
Ciaio. IVID DISTITUT.				_				_			_ 7
SUBTOTAL of Disbursements This Page (optional)				L		-		4	500.0	0	_
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abla	NAME OF COMMITTEE (In Full)															
$ \rangle$	American Council of Life Insurers Political	Action Co	ommittee													
Α.	Full Name (Last, First, Middle Initial) Ben Cardin for Senate							Trans					1237			
	Mailing Address 38 Ivy Street, SE							0 <sup>M</sup> 6	М	/	13	3 /	Y	ž o ŏ	6 <sup>Y</sup>	
	City Washington	State DC	Zip Code 20003					Amou	ınt o	f Ea	ch D	isbur	semei	nt this	Perio	nd
	Purpose of Disbursement	ВО	20003	Г	0	1.4	1							500.	00	
	Candidate Name Mr. Benjamin Cardin			C		gory/ pe										
	• 🗎 –	ement For: Primary Other (spe	2006 General													
	State: MD District:															
В.	Full Name (Last, First, Middle Initial) Castle Campaign Fund							Trans Date	of D	isbu	rsen	nent		· · · · ·	V/	
	Mailing Address P.O Box 133							0 6	М	Ĺ	13	3 /	Ý 2	ž 0 ŏ	6 <sup>*</sup>	
	City Wilmington	State DE	Zip Code 19899					Amou	ınt o	f Ea	ch D	isbur		nt this		nd
	Purpose of Disbursement			Г	0	11	1							1000.	00	
	Candidate Name Michael Castle				ate	gory/ pe										
	-	ement For:  Primary  Other (spe	2006 General			·										
	State: DE District: 1															
C.	Full Name (Last, First, Middle Initial) CHRIS PAC							Trans Date	of D	isbu	rsen	nent				
	Mailing Address 227 Massachusetts Ave Suite 101	, NE						0 6	М		1 3	3 /	Y 2	ž 0 ŏ	6 <sup>Y</sup>	
	City Washington	State DC	Zip Code 20002					Amou	ınt o	f Ea	ch D	isbur		nt this		nd
	Purpose of Disbursement			Г	0	11				-		_		2500.	00	
	Candidate Name					gory/ pe	1									
	Senate President	ement For: Primary Other (spe	General ecify) ▼													
	State: District:								_		_					_
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam													s
V O	NAME OF COMMITTEE (In Full)	e and address of any pointies	ai COIII	1111	iillee	to Solic	il Corti	ibut	10115 11	OIII 8	sucii c	OHIII	iillee	
$ \rangle$	American Council of Life Insurers Political	Action Committee												
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 15	67463	33		
Α.	Friends of Kent Conrad							_	isburs		nt	• \/		V
	Mailing Address 122 Maryland Ave, NE						0 6	М		2 7		2	οŏ	6
	City	State Zip Code DC 20002					Amou	ınt o	f Each	n Dis	burser	ment	this I	Period
	Washington Purpose of Disbursement	DG 20002		_								1	000.	00
				0	11			_	_			_		
	Candidate Name Kent Conrad				egory ype									
	X Senate President	ement For: 2006 Primary X General Other (specify)												
_	State: ND District: 1													
В.	Full Name (Last, First, Middle Initial) Craig for U S Senate						Date	of D	isburs	eme	6746 <sup>-</sup> nt			
	Mailing Address PO Box 2754 802 W Bannock Suite Lp	o101					0 6	М	/ D2	27	/ Y	ž	οŏε	<b>3</b>
	City Boise	State Zip Code ID 83701					Amou	ınt o	f Each	n Dis	burser		-	
	Purpose of Disbursement			٨	11					0			500.	00
	Candidate Name Larry Craig		Ca	ate	egory ype	′								
	9 🗎	ement For: 2008 Primary General Other (specify)												
	State: ID District: 1													
C.	Full Name (Last, First, Middle Initial) Crowley for Congress								on ID isburs		35422 nt	29		
	Mailing Address PO Box 75214						0 <sup>M</sup> 6	М	/ D	1 3	/ Y	ž	o ŏ e	S <sup>Y</sup>
	City Washington	State Zip Code DC 20013					Amou	ınt o	f Each	n Dis	burser	-		
	Purpose of Disbursement					7						_ 1	000.	00
	Candidate Name Joseph Crowley		Ca	ate	11 egory ype	′								
	Senate President	ement For: 2006 Primary X General Other (specify)			<i>,</i> ,									
_	State: NY District: 7													
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NAME OF COMMITTEE (In Full)											
American Council of Life Insurers Politic	cal Action Committee										
Full Name (Last, First, Middle Initial)				Trai	nsac	tion ID:	156746	319			
Geoff Davis for Congress				Date		Disburse		v • v	· · · ·	V	
Mailing Address P.O. Box 2776				O e		<sup>/</sup> 2	7 ′	2	0 Ď 6		
City	State Zip Code			Amo	ount o	of Each	Disburse	emen	t this F	erio	t
Arlington Purpose of Disbursement	VA 22202			-					500.0	00	П
Pulpose of Dispursement		01	1		-	-		-	0,000		_
Candidate Name	-	Cate									
Geoff Davis		Ту	oe	4							
Office Sought: X House Disbu	rsement For: 2006 Primary X General										
President	Other (specify)										
State: KY District: 4											
Full Name (Last, First, Middle Initial)				Trai	nsact	tion ID:	153532	277			
Friends of Rahm Emanuel						Disburse					
Mailing Address Attn: Anne Olaimey P.O. Box 101124				OM		/ <b>1</b>	3 /	Ž	0 Ď 6	Y	
City	State Zip Code			Amo	ount o	of Each	Disburse	emen	t this F	erio	b
Chicago Purpose of Disbursement	IL 60610			-				1	000.0	00	
Fulpose of Disbursement		01	1			-					_
Candidate Name		Cate	•								
Rahm Emanuel		Ту	oe	-							
Office Sought: X House Disbu	rsement For: 2006 Primary X General										
President	Other (specify)										
State: IL District: 5											
Full Name (Last, First, Middle Initial)							153373	312			
People for English					e of D	Disburse / D	ement	v • v	V	V	
Mailing Address 104 Hume Ave				O	3 "	1	3 /	. 2	0 Ď 6		
City	State Zip Code			Amo	ount (	of Each	Disburse	emen	t this F	erio	t
Alexandria Purpose of Disbursement	VA 22301			- [				1	0.000	00	
r dipose of Bisbarsonicia		01	1						-		_
Candidate Name Phil English		Cate	•								
Office Sought: X House Disbu	rsement For: 2006										
Senate	Primary X General										
State: PA District: 3	Other (specify)										
ciaic. 171 District. 0										_	_
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	<u> </u>	X 23 28b	24 28c	25 29	26 30b
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American Council of Life Insurers Politica	Action Committee						
Full Name (Last, First, Middle Initial)				ction ID: 15			
Fitzpatrick For Congress				Disburseme		y	Y
Mailing Address 115 N Broad Street			06	<sup>/</sup> 27	2	2 0 0 6	
City Doylestown	State Zip Code PA 18901		Amount	of Each Di	sbursemer	nt this P	eriod
Purpose of Disbursement	Г	* *				500.0	0
Candidate Name		011 Category/					
Rep. Michael Fitzpatrick		Туре					
Office Sought: X House Disburs	ement For: 2006  Primary X General						
President	Other (specify)						
State: PA District: 8							
Full Name (Last, First, Middle Initial)  3. Windows Catering Company				ction ID: 15			
			M M	/ D D D 2 7		2006	Υ
Mailing Address 5724 General Washingt	on Drive		0 6	27	2	2006	
City Alexandria	State Zip Code VA 22312		Amount	of Each Di	sbursemer	nt this P	eriod
Purpose of Disbursement	Г					486.8	4
In-Kind Contribution Candidate Name	L	011 Category/					
Barney Frank		Type					
3	ement For: 2006 Primary X General		In-Kind	Contribut	ion		
Senate President	Primary X General  Other (specify) ▼						
State: MA District: 4							
Full Name (Last, First, Middle Initial)  Barney Frank for Congress				ction ID: 15			
			M M M	/ D27		2 0 0 6	Υ
Mailing Address 38 Ivy Street, SE							
City Washington	State Zip Code DC 20003		Amount	of Each Di	sbursemer	nt this P	eriod
Purpose of Disbursement	Г					1513.1	6
Candidate Name		011 Category/					
Barney Frank		Type					
Office Sought: X House Disburs Senate	ement For: 2006 Primary X General						
President	Other (specify)						
State: MA District: 4							
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American Council of Life Insurers Political	Action Committee						
Full Name (Last, First, Middle Initial)			Transac	tion ID: 15	353252		
People with Hart				Disburseme		, , , , , , , , , , , , , , , , , , ,	·
Mailing Address 217 Executive Drive Suite 102			06	13	/	0 0 6	
	State Zip Code PA 16066		Amount	of Each Dis	bursemen	t this Pe	eriod
Purpose of Disbursement	10000		1		1	000.00	0
		011					
Candidate Name Melissa Hart		Category/ Type					
Office Sought: X House Disburse Senate President	ment For: 2006 Primary X General Other (specify) ▼						
State: PA District: 4							
Full Name (Last, First, Middle Initial)				tion ID: 15			
Hawkeye PAC			Date of L	Disburseme		, , , , ,	Y
Mailing Address P.O. Box 7255			0 6	<sup>/</sup> 27	2	0 0 6	
,	State Zip Code IA 50309		Amount	of Each Dis	bursemen	t this Pe	eriod
Purpose of Disbursement	00000		1   1			000.00	o
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Candidate Name		Category/ Type					
Senate President	ment For: Primary General Other (specify) ▼						
State: District: Full Name (Last, First, Middle Initial)			_	15.45	050707		
Johnson for Congress Committee				tion ID: 15 Disburseme	nt	, * V * \	·
Mailing Address P.O. Box 1986			0 6	13	/ <u> </u> 2	0 0 6	
	State Zip Code CT 06050		Amount	of Each Dis	bursemen	t this Pe	eriod
Purpose of Disbursement	0.0000	• •			1	000.00	כ
Candidate Name Nancy Johnson		011 Category/ Type					
	ment For: 2006 Primary X General Other (specify)	71 .	-				
State: CT District: 5	Caron (opcomy)						
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\	NAME OF COMMITTEE (In Full)	A sit see O see settle se										
/	American Council of Life Insurers Political	Action Committee										
	Full Name (Last, First, Middle Initial)				1	Transa	ction ID:	: 156746	617			
٩.	Johnson for Congress Committee				1	Date of	Disburs		v v		V	
	Mailing Address P.O. Box 1986					0 6	2	27	2	0 Ď 6		
	City	State Zip Code			,	Amount	of Each	Disburse	emen	t this F	erio	t
	New Brighton  Purpose of Disbursement	CT 06050	l		-				1	000.0	00	П
	Tulpose of Disbursement			011					-	-		
	Candidate Name Nancy Johnson			tegory/ ype								
	Office Sought: X House Disburs	ement For: 2006										
	Senate	Primary X General										
	State: CT District: 5	Other (specify) ▼										
	Full Name (Last, First, Middle Initial)				٠.	<b></b>	ID	150746				_
3.	Mchenry For Congress						Disburs		13			
	Mailing Address PO Box 1406					0 6	/ D2	27	Ý Ž	0 ŏ 6	Υ	
	City	State Zip Code				Amount	of Each	Disburse	emen	t this F	erio	k
	Hickory	NC 28601			-					000.0	nn.	٦
	Purpose of Disbursement			011						000.0	,,	_
	Candidate Name Rep. Patrick McHenry		Ca	tegory/ ype								
	Office Sought: X House Disburs	ement For: 2006										
	Senate	Primary X General										
	President State: NC District: 10	Other (specify) ▼										
	Full Name (Last, First, Middle Initial)				-	France	otion ID	: 153362	75			
).	Menendez For Senate						Disburs		173			
	Mailing Address P.O. Box 848					0 <sup>M</sup> 6 M	/ D 1	3 /	Ž	0 Ď 6	Υ	
	City	State Zip Code			,	Amount	of Each	Disburse	emen	t this F	erio	 t
	Union City Purpose of Disbursement	NJ 07087			-				2	2000.0	00	П
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	Candidate Name Mr. Robert Menendez		1	tegory/ ype								
	Office Sought: House Disburs	ement For: 2006	-									
	χ Senate	Primary X General										
	President State: NJ District:	Other (specify) ▼										
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NAME OF COMMITTEE (In Full)  American Council of Life Insurers Political	Action Committee						
Full Name (Last, First, Middle Initial)			Transac	tion ID: 1	535422	7	
Moore for Congress				Disbursen		V V	V
Mailing Address PO Box 14631			06	13		ž 0 ŏ 6	
	State Zip Code		Amount	of Each D	isbursem	ent this P	eriod
Shawnee Mission Purpose of Disbursement	KS 66285					1000.0	00
r urpose or bisbursement		011					
Candidate Name Dennis Moore	(	Category/ Type					
X	ment For: 2006 Primary General						
State: KS District: 3	Other (specify)						
Full Name (Last, First, Middle Initial)			_		E00004		
NODAK PAC				tion ID: 1 Disbursen	nent		V
Mailing Address P.O. Box 75214			0 6	13		ž 0 ŏ 6	
City Washington	State Zip Code DC 20013		Amount	of Each D	isbursem		-
Purpose of Disbursement		0.1.1				2500.0	00
Candidate Name		011 Category/ Type					
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)						
Full Name (Last, First, Middle Initial)  Jim Ramstad Volunteer Committee				tion ID: 1		8	
			M M	1 3	_	Y Y Y	Υ
Mailing Address 1809 Plymouth Road So			0 6			ž 0 ŏ 6	
City Minnetonka	State Zip Code MN 55305		Amount	of Each D	isbursem	ent this P	eriod
Purpose of Disbursement	55555	011				1000.0	00
Candidate Name Jim Ramstad		Category/ Type					
-	ment For: 2006 Primary General Other (specify)						
SUBTOTAL of Disbursements This Page (optional)						4500.0	0
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American Council of Life Insurers Political	Action Committee									
Full Name (Last, First, Middle Initial)				Trans	action I	I <b>D</b> : 15350	3606			
• Renzi for Congress						rsement	V \	, , ,	V	
Mailing Address P.O. Box 219				0 <sup>M</sup> 6	, ,	13	2	0 0 6		
	State Zip Code AZ 86002			Amou	nt of Ea	ch Disbur			-	_
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Candidate Name Rick Renzi		011 Categor	y/							
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Senate X President	Primary General Other (specify)									
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Full Name (Last, First, Middle Initial)  Republican Main Street Partnership PAC						ID: 15354 rsement	4190			
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Mailing Address 1220 L Street, NW Suite 100-263				0 6						
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Full Name (Last, First, Middle Initial) Christopher Shays for Congress Committe	e					ID: 15350 rsement	3766			
Mailing Address 98 East Avenue, Rear Bu	ilding			0 <sup>M</sup> 6	M / [	13	ÝŽ	0 Ď 6	Y	
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Λ	NAME OF COMMITTEE (In Full)			
17	American Council of Life Insurers Politica	al Action Committee		
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	Full Name (Last, First, Middle Initial)			Transaction ID: 15674634
Α.	Friends of Gordon Smith			Date of Disbursement
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	Mailing Address 228 S Washington St S	ite 340		27 2000
	City	State Zip Code		Amount of Each Disbursement this Period
	Alexandria	VA 22314		
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			011	
	Candidate Name		Category/	
	Gordon Smith		Туре	
		sement For: 2008		
	X Senate	Primary X General		
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	State: OR District: 2			
В.	Full Name (Last, First, Middle Initial)			Transaction ID: 15354235
Ь.	TOMPAC			Date of Disbursement
	Mailing Address P.O. Box 16488			0 6 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	F.O. Box 16466			
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	Arlington	VA 22215		5000.00
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